1616 WEST BENDER ROAD

MI LWAUKEE 53209 Phone: (414) 228-8700)	Ownershi p:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	223	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	223	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	116	Average Daily Census:	128
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	25. 0
Supp. Home Care-Personal Care	No					1 - 4 Years	35. 3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	8.6	More Than 4 Years	39. 7
Day Servi ces	No	Mental Illness (Org./Psy)	23. 3	65 - 74	17. 2		
Respite Care	No	Mental Illness (Other)	11. 2	75 - 84	23. 3	l [']	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	37. 1	**********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 9	95 & 0ver	13. 8	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	1. 7	į		Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	3. 4	ĺ	100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	23. 3	65 & 0ver	91. 4		
Transportation	No	Cerebrovascul ar	13. 8			RNs	5. 1
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	6. 8
Other Services	No	Respi ratory	5. 2			Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	17. 2	Male	22.4	Ai des, & Orderlies	31.8
Mentally Ill	No			Female	77. 6		
Provi de Day Programming for		İ	100. 0		j		
Developmentally Disabled	No			ĺ	100. 0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay	•	<u> </u>	Family Care		1	Managed Care	I		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of 6 All
Int. Skilled Care	10	66. 7	409	6	6. 2	128	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	16	13. 8
Skilled Care	5	33. 3	329	77	79.4	110	0	0.0	0	2	100.0	167	1	100.0	110	1	100.0	240	86	74. 1
Intermediate				14	14. 4	92	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	14	12. 1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Venti l ator- Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	15	100.0		97	100.0		0	0.0		2	100. 0		1	100.0		1	100.0		116	100.0

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Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services,	and Activities as of 12/	31/01
Deaths During Reporting Period	l						
o .		ľ		9/	Needi ng		Total
Percent Admissions from:		Activities of	%		istance of	% Totally	Number of
Private Home/No Home Health	7. 0	Daily Living (ADL)	Independent		Or Two Staff	<i>J</i>	Resi dents
Private Home/With Home Health	4. 2	Bathi ng	0. 9	one	64. 7	34. 5	116
Other Nursing Homes	9. 9	Dressi ng	9. 5		58. 6	31. 9	116
		, 8					
Acute Care Hospitals	77. 5	Transferring	31.0		33. 6	35. 3	116
Psych. HospMR/DD Facilities	0. 0	Toilet Use	17. 2		31. 9	50. 9	116
Rehabilitation Hospitals	0.0	Eating	33. 6		47. 4	19. 0	116
Other Locations	1.4	***************	******	******	******	*********	*****
Total Number of Admissions	71	Conti nence		%	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	6. 9	Receiving R	espiratory Care	6. 0
Private Home/No Home Health	19.6	Occ/Freq. Incontinent		66. 4		racheostomy Care	0.0
Private Home/With Home Health	6. 5	0cc/Freq. Incontinent		58. 6	Receiving S		0. 0
Other Nursing Homes	7. 6	i dee/11eq. Inconcinent	or bower	00.0	Receiving 0		1. 7
	13. 0	 Mobility				ube Feeding	5. 2
Acute Care Hospitals			ı	0.0			
Psych. HospMR/DD Facilities	0. 0	Physically Restrained		0. 9	keceiving M	Echanically Altered Diets	39. 7
Rehabilitation Hospitals	1. 1]					
Other Locations	7. 6	Skin Care			Other Residen	nt Characteristics	
Deaths	44. 6	With Pressure Sores		4. 3	Have Advanc	e Directives	63. 8
Total Number of Discharges		With Rashes		4. 3	Medi cati ons		
(Including Deaths)	92	İ			Receiving P	sychoactive Drugs	12. 1
` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		ı			. 0	J	

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

Ownershi p: Bed Size: Li censure: 200+ Skilled Al l Thi s Propri etary Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 57.3 77. 1 0.74 80. 2 0.71 82.7 0.69 84. 6 0.68 Current Residents from In-County 90. 5 82.7 1.09 83. 3 1.09 **85**. 3 1.06 77. 0 1. 18 Admissions from In-County, Still Residing 36.6 19. 1 1.91 27.4 1.34 21. 2 1.73 20.8 1. 76 Admissions/Average Daily Census 55. 5 173. 2 0.32 94. 3 0.59 148. 4 0.37 128. 9 0.43 Discharges/Average Daily Census 71.9 173.8 0.41 98. 8 0.73 150. 4 0.48 130.0 0.55 Discharges To Private Residence/Average Daily Census 18.8 71.5 0.26 31.6 0.59 **58.** 0 0.32 52.8 0.36 Residents Receiving Skilled Care 87.9 92.8 0.95 89. 7 0.98 91.7 0.96 85. 3 1.03 Residents Aged 65 and Older 91.4 86.6 1.05 90. 1 1.01 91.6 1.00 87. 5 1.04 Title 19 (Medicaid) Funded Residents 83.6 71.1 1.18 71.6 64. 4 1.30 68. 7 1. 22 1. 17 Private Pay Funded Residents 13.9 0.09 23.8 22. 0 1. 7 0. 12 19. 1 0.07 0.08 Developmentally Disabled Residents 0.0 1. 3 0.00 0.8 0.00 0. 9 7. 6 0.00 0.00 Mentally Ill Residents 34. 5 32. 5 1.06 35. 4 0.97 32. 2 1.07 33. 8 1.02 General Medical Service Residents 17. 2 20. 2 0.85 20.3 0.85 23. 2 0.74 19. 4 0.89 49.3 Impaired ADL (Mean) 58. 3 52.6 51.8 51.3 1. 18 1. 11 1. 13 1. 14 Psychological Problems 12. 1 48.8 0.25 47.7 0.25 50. 5 0.24 51. 9 0. 23 Nursing Care Required (Mean) 7.7 7. 2 7.3 1.04 7. 3 1. 04 1.06 7. 3 1. 04